MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17060

File No. 2028

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: K.C. Mo (No. 610 Forest Ave St. Ward)

2. FULL NAME: Baby Pellitteri

(a) Residence. No. 610 Forest st. KC Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4 1928

7. AGE: Years | Months | Days: 2 hr | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: st. b
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kansas City Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Calogero Pellitteri
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Pasquale Gazzodiga
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Italy

14. INFORMANT: father
(Address) 610 Forest

15. FILED May 5 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1928, to May 4th, 1928, that I last saw h. alive on May 4th 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura Hemorrhagica of new-born 1.59 1.10

161 A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Premature Baby (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) Joseph Bellesoni M.D
May 5, 1928 (Address) 1219 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Mary's — DATE OF BURIAL: May 5 1928

20. UNDERTAKER: A. Sevieto — ADDRESS: City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. J. Ketelson
1219 Rialto Bldg